

Health Facility/Agency Civil Money Penalty Worksheet

Facility/Agency: _____ Date: _____

Facility/Agency Non- Compliance	Minimum base fine	Per Occupied Bed Fine	Additional Per Resident/Employee	Additional per day or per deficiency (daily rate)	
Class I – Actual Harm Identified	1000	100	150	150	
Class I – Imminent Danger Identified	500	100	150	150	
# of Class II Cited higher than average	200	100	150	150	
Class I Violation(s) Remains Not Corrected	1000	100	150	150	
Class II Violation(s) Remains Not Corrected	200	100	150	150	
Continuous Non Compliance	200	100	150	150	
Chronic Non Compliance	400	100	150	150	
Obtain Bureau Clearance to Occupy	2,000	100	150	150	
Submit background screening information	200	100	150	50–1000	
Failure to comply with Conditions	1000	100	150	150	
Sub totals					
Column Totals					Total CMP \$

Note: A conditional license may be issued in conjunction with a Civil Money Penalty